

**TITLE 9. HEALTH SERVICES**  
**CHAPTER 10. DEPARTMENT OF HEALTH SERVICES**  
**HEALTH CARE INSTITUTIONS: LICENSING**

**ARTICLE 2. HOSPITALS**

**R9-10-224. Psychiatric Services**

~~An administrator of a hospital that provides psychiatric organized services shall require that the hospital is in compliance with A.R.S. Title 36, Chapters 4 and 5, A.A.C. Title 9, Chapter 20, and this Chapter.~~

A. For purposes of this Section, the following definitions apply:

1. "Behavioral health technician" means an individual who provides hospital services in an organized psychiatric services unit with clinical oversight from a medical staff member or a personnel member.
2. "Clinical oversight" means:
  - a. Monitoring the hospital services provided by a behavioral health technician to ensure that the behavioral health technician is providing the hospital services in an appropriate manner,
  - b. Providing on-going review of a behavioral health technician's skills and knowledge related to the provision of hospital services,
  - c. Providing guidance to improve a behavioral health technician's skill and knowledge related to the provision of hospital services, and
  - d. Recommending training for a behavioral health technician to improve the behavioral health technician's skill and knowledge related to the provision of hospital services.
3. "Informed consent" means advising a patient of a proposed medical procedure or proposed administration of a drug, alternatives to the medical procedure or drug, associated risks, and possible complications, and obtaining authorization from the patient or the patient's representative for the medical procedure or drug.
4. "Time out" means providing a patient an opportunity to regain self-control in a designated area from which the patient is not physically prevented from leaving.

B. An administrator of a hospital that provides psychiatric services in an organized unit shall require that:

1. Psychiatric services are provided under the direction of a medical staff member who is a psychiatrist;
2. A registered nurse, who has at least one year of experience in an organized psychiatric services unit, is present and responsible for nursing services provided to a patient in an organized psychiatric services unit;
3. A patient admitted to the organized psychiatric services unit has a principle diagnosis of a mental disorder, a personality disorder, substance abuse, or a significant psychological or behavioral response to an identifiable stressor;
4. Medical services, other than psychiatric services, are available to a patient in an emergency based on the patient's medical conditions and the type of medical services provided by the hospital;

5. The hospital complies with the client rights in A.A.C. R9-20-203(C) for a patient in the organized psychiatric services unit;
6. Except in an emergency, a patient receives an assessment before treatment for the patient is initiated;
7. Except for a drug used as a chemical restraint, a patient signs an informed consent form for a drug before the drug is administered to the patient;
8. A personnel member who is licensed as a licensed baccalaureate social worker, licensed master social worker, associate marriage and family therapist, associate counselor, or substance abuse counselor pursuant to A.R.S. Title 32, Chapter 33 receives direct supervision as defined in A.A.C. R4-6-101;
9. A behavioral health technician:
  - a. Is at least 21 years old; and
  - b. Meets one of the following qualifications:
    - i. Has a master's degree or bachelor's degree in a field related to behavioral health,
    - ii. Is a registered nurse,
    - iii. Is a physician assistant,
    - iv. Has a bachelor's degree,
    - v. Has an associate's degree,
    - vi. Has a high school diploma or a high school equivalency diploma, or
    - vii. Is licensed as a practical nurse as defined in A.R.S. § 32-1601;
10. A behavioral health technician who provides hospital services in an organized psychiatric services unit demonstrates competency and proficiency according to criteria established in hospital policies and procedures for each type of hospital service the behavioral health technician provides and each type of patient to which the behavioral health technician is assigned;
11. A behavioral health technician receives clinical oversight from a medical staff member or personnel member qualified to provide clinical oversight according to hospital policies and procedures;
12. Clinical oversight provided as required in subsection (B)(11) is documented in the personnel file of the behavioral health technician receiving the clinical oversight and includes:
  - a. The date of any clinical oversight discussion,
  - b. The name and signature of the behavioral health technician receiving clinical oversight,
  - c. The name and signature of the medical staff member or personnel member providing clinical oversight,
  - d. The duration of the clinical oversight discussion,
  - e. A description of the topic or topics discussed,
  - f. Whether the clinical oversight discussion was conducted on a group or individual basis, and
  - g. Identification of additional training that may enhance the behavioral health technician's skills or knowledge;

13. Hospital policies and procedures for the organized psychiatric services unit are established, documented, and implemented that:
- a. Establish qualifications for medical staff members and personnel members who provide clinical oversight to behavioral health technicians;
  - b. Establish the process for patient assessment including identification of a patient's medical conditions and criteria for the on-going monitoring of any identified medical condition;
  - c. Establish the process for developing and implementing a patient's care plan including:
    - i. Providing an opportunity for the patient or the patient's representative to participate in the development of the patient's care plan;
    - ii. Ensuring that the patient is informed of the modality, frequency, and duration of any treatments that are included in the patient's care plan;
    - iii. Informing the patient that the patient has the right to refuse any treatment;
    - iv. Updating the patient's care plan as needed and informing the patient of any changes to the patient's care plan; and
    - v. Documenting the actions in subsection (B)(13)(c)(i) through (B)(13)(c)(iv) in the patient's medical record;
  - d. Establish the process for warning an identified or identifiable individual, as described in A.R.S. § 36-517.02(B) through (C), if a patient communicates to a medical staff member or personnel member a threat of imminent serious physical harm or death to the individual and the patient has the apparent intent and ability to carry out the threat;
  - e. Establish the criteria for determining when a patient's absence is unauthorized, including whether the patient:
    - i. Was admitted under A.R.S. Title 36, Chapter 5, Articles 1, 2, or 3;
    - ii. Is absent against medical advice; or
    - iii. Is under the age of 18;
  - f. Identify each type of restraint and seclusion used in the organized psychiatric services unit and include for each type of restraint and seclusion used:
    - i. The qualifications of a medical staff member or personnel member who can:
      - (1) Order the restraint or seclusion,
      - (2) Place a patient in the restraint or seclusion,
      - (3) Monitor a patient in the restraint or seclusion, or
      - (4) Evaluate a patient's physical and psychological well-being after being placed in the restraint or seclusion and when released from the restraint or seclusion;
    - ii. On-going training requirements for a medical staff member or personnel member who has direct patient contact while the patient is in a restraint or in seclusion;
    - iii. Criteria for monitoring including the intervals between face-to-face monitoring of a patient in restraint or seclusion;

- g. Establish procedures for internal review of the use of restraint or seclusion;
  - h. Establish requirements for notifying the parent or guardian of a patient who is less than 18 years of age and who is restrained or secluded; and
  - i. Establish medical record and personnel file documentation requirements for restraint and seclusion;
- 14. For a patient admitted to the organized psychiatric services unit, the Department is notified of a patient's death or a patient's suicide attempt within one working day after the death or suicide attempt;
- 15. If time out is used in the organized psychiatric services unit, a time out:
  - a. Takes place in an area that is unlocked, lighted, quiet, and private;
  - b. Does not take place in the room designated for seclusion;
  - c. Is time-limited and does not exceed two hours per incident or four hours per day;
  - d. Does not result in a patient's missing a meal if the patient is in time out at mealtime;
  - e. Includes monitoring of the patient by a medical staff member or personnel member at least once every 15 minutes to ensure the patient's health, safety, and welfare and to determine if the patient is ready to leave time out; and
  - f. Is documented in the patient's medical record, to include:
    - i. The date of the time out,
    - ii. The reason for the time out,
    - iii. The duration of the time out, and
    - iv. The action planned and taken to address the reason for the time out;
- 16. Restraint is only used in an emergency situation when needed to ensure a patient's physical safety and less restrictive interventions have not been effective;
- 17. Seclusion is only used for the management of a patient's violent or self-destructive behavior that jeopardizes the immediate physical safety of the patient or other individuals;
- 18. Restraint or seclusion is not used as a means of coercion, discipline, convenience, or retaliation;
- 19. Restraint or seclusion is:
  - a. Only ordered by a physician or a nurse practitioner, and
  - b. Not written as a standing order or a PRN order;
- 20. An order for restraint or seclusion includes:
  - a. The name of the individual ordering the restraint or seclusion;
  - b. The date and time that the restraint or seclusion was ordered;
  - c. The specific restraint or seclusion ordered;
  - d. If a drug is ordered as a chemical restraint, the drug's name, strength, dosage, and route of administration;
  - e. The specific criteria for release from restraint or seclusion without an additional order; and
  - f. The maximum duration authorized for the restraint or seclusion;
- 21. An order for restraint or seclusion is limited to the duration of the emergency situation and does not exceed:
  - a. Three continuous hours for a patient who is 18 years of age or older;

- b. Two continuous hours for a patient who is between the ages of nine and 17; or
  - c. One continuous hour for a patient who is younger than nine;
22. If restraint and seclusion are used on a patient simultaneously, the patient receives continuous:
- a. Face-to-face monitoring by a medical staff member or personnel member, or
  - b. Video and audio monitoring by a medical staff member or personnel member who is in close proximity to the patient;
23. If an order for restraint or seclusion of a patient is not provided by the patient's attending physician, the patient's attending physician is notified as soon as possible;
24. A medical staff member or personnel member does not participate in restraint or seclusion, monitor a patient during restraint or seclusion, or evaluate a patient after restraint or seclusion and a physician or nurse practitioner does not order restraint or seclusion until the medical staff member, personnel member, physician, or nurse practitioner completes education and training that:
- a. Includes:
    - i. Techniques to identify medical staff member, personnel member, and patient behaviors; events; and environmental factors that may trigger circumstances that require restraint or seclusion;
    - ii. The use of nonphysical intervention skills, such as de-escalation, mediation, conflict resolution, active listening, and verbal and observational methods;
    - iii. Techniques for identifying the least restrictive intervention based on an assessment of the patient's medical or behavioral health condition;
    - iv. The safe use of restraint and the safe use of seclusion, including training in how to recognize and respond to signs of physical and psychological distress in a patient who is restrained or secluded;
    - v. Clinical identification of specific behavioral changes that indicate that the restraint or seclusion is no longer necessary;
    - vi. Monitoring the physical and psychological status of a patient who is restrained or secluded including:
      - (1) Respiratory and circulatory status,
      - (2) Skin integrity,
      - (3) Vital signs, and
      - (4) Any specific requirements in hospital policies and procedures; and
    - vii. Training exercises in which medical staff members and personnel members successfully demonstrate in practice the techniques that the medical staff members and personnel members have learned for managing emergency safety situations; and
  - b. Is provided by individuals qualified according the hospital policies and procedures;
25. When a patient is placed in restraint or seclusion:
- a. The restraint or seclusion is conducted according to hospital policies and procedures;

- b. The restraint or seclusion is proportionate and appropriate to the severity of the patient's behavior and the patient's:
    - i. Chronological and developmental age;
    - ii. Size;
    - iii. Gender;
    - iv. Physical condition;
    - v. Medical condition;
    - vi. Psychiatric condition; and
    - vii. Personal history, including any history of physical or sexual abuse;
  - c. The physician or nurse practitioner who ordered the restraint or seclusion is available for consultation throughout the duration of the restraint or seclusion;
  - d. A physician or other health professional authorized by hospital policies and procedures assesses the patient within one hour after the patient is placed in the restraint or seclusion and determines:
    - i. The patient's physical and psychological status,
    - ii. The patient's current behavior,
    - iii. The appropriateness of the restraint or seclusion used,
    - iv. Whether the emergency situation continues to exist, and
    - v. Any complication resulting from the restraint or seclusion; and
  - e. The restraint or seclusion is discontinued at the earliest possible time, regardless of the length of time identified in the order;
26. If a patient is placed in restraint or in seclusion:
- a. Except as provided in subsection (B)(22), a medical staff member or personnel member monitors the patient's physical and psychological status on a face-to-face basis:
    - i. At least once every 15 minutes;
    - ii. At intervals of less than once than every 15 minutes according to hospital policies and procedures;
    - iii. If the patient has a medical condition that may be adversely impacted by the restraint or seclusion, at least once every five minutes; and
    - iv. If other patients have access to the patient who is placed in a restraint or seclusion, continuously on a one-to-one basis;
  - b. The patient is given the opportunity to eat and drink, if the patient is in restraint or seclusion during a mealtime;
  - c. At least once every two hours, the patient is given the opportunity to use a toilet;  
and
  - d. A mechanical restraint is loosened at least once every 15 minutes;
27. If a patient is placed in seclusion, the room used for seclusion:
- a. Is designated by the administrator as a room used for seclusion;
  - b. Is not a patient's bedroom or a sleeping area;
  - c. Allows full view of the patient in all areas of the room;
  - d. Is free of hazards, such as unprotected light fixtures or electrical outlets;
  - e. Contains at least 60 square feet of floor space; and
  - f. Contains a metal-framed bed that is bolted to the floor;

28. A medical staff member or personnel member documents the following information in a patient's medical record before the end of the shift in which the patient is placed in restraint or seclusion or, if the patient's restraint or seclusion does not end during the shift in which it began, during the shift in which the patient's restraint or seclusion ends:
- a. The emergency safety situation that required the patient to be restrained or put in seclusion;
  - b. The times the patient's restraint or seclusion actually began and ended;
  - c. The time of the face-to-face assessment required in subsection (B)(25)(d);
  - d. Documentation of the monitoring required in subsection (B)(22) or (B)(26)(a), as applicable; and
  - e. The names of the medical staff members and personnel members with direct patient contact while the patient was in the restraint or seclusion; and
29. If an emergency situation continues beyond the time limit of an order for restraint or seclusion, the order is renewed as follows:
- a. The order for the use of restraint or seclusion may be renewed one time;
  - b. If the emergency situation continues after the order is renewed one time, an individual who meets the qualifications in hospital policies and procedures conducts a face-to-face assessment of the patient's physical and psychological well-being before the order for restraint or seclusion is renewed; and
  - c. No order for restraint or seclusion is renewed for more than 12 consecutive hours without the review and approval of the psychiatrist providing direction for the organized psychiatric services unit.